



COPY OF PAPERS
ORIGINALLY FILED

2661
Docket No. 22962-7005

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: 12-12-01 Name of Person Certifying: Pam Pascual
Printed Name: Pam Pascual

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bristow, et al. Assignee: Televoke, Inc.
Filing Date: April 17, 2001 Examiner: Not Assigned
Serial No.: 09/837,736 ~~736~~ 738 Group Art Unit: 2661
Title: **SOFTWARE AND PROTOCOL STRUCTURE FOR AN AUTOMATED
USER NOTIFICATION SYSTEM**

Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

Enclosed herewith for filing are the following:

- ☒ A Preliminary Amendment [1] page(s)
☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
☐ An Amendment Under 37 CFR § 1.111 [] page(s)
☐ An Amendment Under 37 CFR § 1.116 [] page(s)
☐ Other _____ [] page(s)

Also included are:

- ☐ A Petition for Extension of Time [] months [] page(s)
☐ Information Disclosure Statement
[] page(s) of PTO-1449 [] copies of IDS citations
☐ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
☐ Other: _____
☒ Return Postcard

RECEIVED
FEB 14 2002
Technology Center 2600

RECEIVED
MAR 01 2002
Technology Center 2600

RECEIVED
FEB 22 2002
TC 2600 MAIL ROOM

Fee Calculation						
<input type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	100- 20	100	0	× \$18.00	× \$9.00	\$0.00
Independent claims	8- 3	8	0	× \$84.00	× \$42.00	\$0.00
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$280.00	\$140.00	\$0.00
Petition for Extension of Time Fee (___ months)						\$0.00
OTHER FEES _____ (specify)						\$0.00
TOTAL FEES =						\$0.00

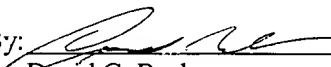
☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

☐ A check in the amount of \$ _____ to cover the above fees is enclosed.

☐ Please charge Deposit Account No. **50-1193**, Docket No. _____, in the amount of \$ _____ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **50-1193**, Docket No. **22962-7005**. *A duplicate copy of this sheet is enclosed.*

DATE: 12/12/01 -- Respectfully submitted,

By: 
 David G. Beck
 Registration No.. 37,776

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